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FILED

Mar 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000085549 (9)

1. Corporation Name

FIDELITY NATIONAL ADVISORS, INCORPORATED

Principal Place of Business

1550 MCMULLEN BOOTH ROAD, STE. F3  
CLEARWATER FL 34619

Mailing Address

1550 MCMULLEN BOOTH ROAD, STE. F3  
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1996

4. FEI Number

59-3404544

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☒

No

NA

2. Principal Place of Business

21 3837 Northdale Blvd.

Suite, Apt. #, etc.

22 Suite 183

City & State

23 Tampa, FL

Zip

24 33624

Country

25 USA

2a. Mailing Address

26 3837 Northdale Blvd.

Suite, Apt. #, etc.

27 Suite 183

City & State

28 Tampa, FL

Zip

29 33624

Country

30 USA

9. Name and Address of Current Registered Agent

STEVENS, JERRY F  
1550 MCMULLEN BOOTH ROAD, STE. F3  
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name C. A. Bowden

82 Street Address (P.O. Box Number is Not Acceptable)

83 3837 Northdale Blvd. Suite 183

84

City Tampa

FL

85 Zip Code

33624

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*C. A. Bowden*

(NOTE: Registered Agent signature required when reinstating)

2/23/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PST  
NAME ZEBROWSKI, WALTER C  
STREET ADDRESS 1550 MCMULLEN BOOTH ROAD, STE. F3-111  
CITY-ST-ZIP CLEARWATER FL 33759

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST  
1.2 NAME Zebrowski, Walter C.  
1.3 STREET ADDRESS 3837 Northdale Blvd #183  
1.4 CITY-ST-ZIP Tampa, FL 33624

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Walter Zebrowski*

Walter Zebrowski

2/24/98

813 2881001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006435

CR2E034 (10/97)